| TOTAL CLAIMS OR SMALL  | R THAN<br>ENTITY        |
|--|-------------------------|
| CCAIMS AS FILED - PART   SMALL ENTITY OTHE TOTAL CLAIMS OR SMALL   | R THAN<br>ENTITY<br>FEE |
| TOTAL CLAIMS (COLUMN 2) TYPE OR SMALL  | FEE                     |
|  | <del></del>             |
| FOR ANALYSIS | 710.00                  |
| TOTAL CHARGEARI S. CLAIRCE   | I                       |
| DR X\$18=  |                         |
| MULTIPLE DEPENDENT CLAIM PRESENT  X40=  OR  X60=   |                         |
| +135=  |                         |
| * If the difference in column 1 is less than zero, enter *0" in column 2  TOTAL OR TOTAL   | 710.0                   |
| OTHER (Column 1) (Column 2) (Column 2) SMALL ENTITY OF SMALL   | THAN                    |
| CLAIMS HIGHEST   |                         |
| AFTER AMENDMENT PREVIOUSLY EXTRA PAID FOR PAID FOR PRESENT EXTRA PAID FOR P | ADDI-<br>TIONAL<br>FEE  |
| Total - 20 Minus - 20 = X\$9= OR X\$18=  |                         |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM / COR X80=  |                         |
| +135= OB +270=   | 1                       |
| TOTAL OR TOTAL   | -                       |
| (Column 2) (Column 3)  |                         |
| REMAINING NUMBER PRESENT EXTRA PAID FOR | ADDI-<br>TIONAL<br>FEE  |
| Total - Winus Winus X\$ 9= OR X\$18=   | /                       |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM / TO X40= OR X80=   |                         |
| BEST AVAILABLE COPY +135= OR +270=   |                         |
| ADDIT. FEEOR ADDIT. FEE  |                         |
| (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST  |                         |
| REMAINING NUMBER PRESENT ADDI- AFTER PREVIOUSLY EXTRA RATE TIONAL RATE   | ADDI-<br>TIONAL         |
| Total • Minus • FEE  | FEE                     |
| X\$ 9= OR X\$18=   |                         |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X40= OR X80=  |                         |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  | 1                       |
| If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20.  TOTAL ADDIT. FEE  The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.  TOTAL ADDIT. FEE  The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.   |                         |

FORM PTO-875 (Rev. 8/00)